

UNCLASSIFIED

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is							
signed. CHECK ONE: □ NEW POSITION ☑ EXISTING POSITION							
Part 1 - Items 1 through 12 to be completed by department head or Human Resources office.							
1. Agency Name			10. Working Title		300		
Kansas Department of Commerce	K0237622		CDBG Program Manager		00		
2. Employee Name (leave blank if position va			11. Present Class Title (if existing position)				
r . ,			Program Manager	grant ,			
3. Division			12. Proposed Class Title (if requesting reallocation)				
Community Development Division			_				
4. Section			13. Allocation				
CDBG Program							
5. Unit		For use by Human Resources Office	14. Effective Date	13a. FLSA Status ☑ Non-exempt □ Exempt	Position Number		
6. Location (address where employee works)		y Ss C	15. By	Approved	itio:		
` '		For use by Resources		• •	r n		
City Topeka County Shawnee		os:					
7. (check appropriate time)		For	16. Audit		κ		
✓ Full time ☐ Reg.		lan	Date:	By:	К0237622		
☐ Part time (%) ☐ Temp.			Date:	By:	37(
8. Regular hours of work:		田	17. Audit	n.	62%		
From: 8:00am To: 5:00pm			Date: Date:	By:	2		
•	1	1 66		By:			
PART II - To be completed by department h							
18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by							
law or other factors which changed the duties and responsibilities of the position.							
19. Who is the supervisor of this position? (V	Vho assign	s work,	gives directions, answers	s questions and is directly in cha	rge.)		
Name		1	Title	Position Number			
Kayla Savage	Division Dir., Comr		nmunity Development	ty Development K0241207			
Who evaluates the work of an incumben	t in this po	sition?					
Name	Title		Title	Position Number			
Kayla Savage	Division I	Dir., Community Development K0241207					
20 c) Here were lettered in all and annulating the more left at the more left by What him do of instructions motheds and available as							

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made. Complete latitude is afforded employee in completion of duties and responsibilities assigned to this position. This employee has the responsibility for reviewing the broad federal guidelines and making recommendations to the public service executive and department administration the means by which the State program can achieve the legislative intent, maximize the affect of federal fund utilization, alternative fund usage and possible results of proposed changes.

21. Describe the work of this position <u>using the page or one additional page only</u>. Use the following format for describing job duties:

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number each task and indicate percent of time and identify essential (E) or marginal (M) functions.

- 1. 25% E Supervises professional, technical, and administrative staff responsible for attaining the federal and state CDBG program goals and objectives. Plans, assigns, reviews and evaluates the performance of program personnel; schedules training as needed; initiates hiring, dismissal, and other personnel actions for CDBG staff.
- 2. 25% E Conducts regular meetings with staff to evaluate and monitor progress toward established priority outcomes. Arranges technical assistance to local governments, private companies, and individuals assuring grantee knowledge, success, and compliance. Monitors and evaluates program effectiveness against established performance measures.
- 3. 20% E Gathers data, reviews information with staff, takes corrective action to ensure performance measures are achieved, or makes recommendations to the Division Director regarding adjustments to performance measures. Coordinates responses for Division Director to requests for information from outside agencies and the Legislature.
- 4. 20% E Reviews and analyzes federal and state laws and regulations relating to the CDBG program. Represents the Division in areas relating to the program at workshops, seminars, conferences, and other meetings with private and public officials. Directs comprehensive financial auditing throughout the life of projects to verify project achievements and compliance with applicable federal and state laws and regulations covering grant funding activities. This same responsibility is applicable to projects funded by cities/counties with funds generated by repayment of grant awards (i.e. program income) loaned to businesses for expansion or start-up projects.
- 5. 10% E Assists the Division Director in developing the annual administrative budget for the CDBG program and monitoring expenditures to assure adherence to budgetary constraints, and performs other duties as assigned by the Division Director.

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.							
 □ Lead worker assigns, trains, schedules, oversees, or reviews work of others. ☑ Plans, staffs, evaluates, and directs work of employees of a work unit. □ Delegates authority to carry out work of a unit to subordinate supervisors or managers. 							
b. List the names, class titles, and position numbers of a	ll persons who are supervised directly by employee on this						
position.							
Title	Position Number						
Economic Dev Represent II Senior Administrative Assistant Program Consultant Program Consultant Program Consultant Program Consultant Program Specialist	K0109981 K0124087 K0230581 K0232640 K0239703 K0242289						
23. Which statement best describes the results of error in action ☐ Minimal property damage, minor injury, minor disruption ☐ Moderate loss of time, injury, damage or adverse impact or ☑ Major program failure, major property loss, or serious injury ☐ Loss of life, disruption of operations of a major agency.	of the flow of work. on healthy and welfare of others.						
Please give examples.							
Failure to comply with federal and state regulations would remonetary remuneration.	sult in possible federal fiscal sanctions or litigation seeking						
24. For what purpose, with whom and how frequently are con	ntacts made with the public, other employees or officials?						
Daily contacts with city and county personnel, regional devel agency employees, attorneys, businessmen and women, and o	lopment organizations, businesses, the agency, and other state community economic development personnel						
25. What have all with an discomforts swipt on the ich an in t	the moule annihanne and 2						
25. What hazards, risks or discomforts exist on the job or in t	me work environment:						
Risks associated with a normal office environment. Addition	aal risks may be associated with travel in a state vehicle.						
26. List machines or equipment used regularly in the work of used.	this position. Indicate the frequency with which they are						
Daily - Calculator, Personal Computer, Microsoft Office Pro Telephone, copier, CRM and IDIS federal system. As Needed – State Vehicle	ofessional Software (Word, Excel, PowerPoint, Access), Printer,						

PART III - To be completed by the supervisor or Human Resources office

27. A. List the Minimum Requirements (minimum qualifications) as stated in the state's official Class Specification. If the Class Specification has a "substitution statement", it must be replaced by whatever the agency deems to be an acceptable substitution (see the HR office for assistance). If no substitution is acceptable, then the substitution statement must be deleted.

Minimum Requirements/Qualifications:

- Possess a bachelor's degree
- Have 5 or more years of experience in the Community Development Block Grant program; managing and supervising a team; and administering financial, physical, and informational resources.
- Ability to plan, assign, and supervise the work of others.
- Ability to communicate regulatory language effectively to constituents in various situations both orally and in writing.
- Ability to proactively establish and maintain satisfactory working relationships with constituents, city and county officials, regional planning commissions, administrative officials, community organizations, and the public.
- Ability to identify and analyze problems and to select, implement, and evaluate solutions, balancing regulation with policy and solutions with internal and external constituents.
- Experience with federal and state reporting systems, Excel, Access, Microsoft Office, Outlook, DocuSign, and other computer applications.
- Hold and maintain a valid Kansas Driver's License with Real ID.
- Travel as necessary for meetings, trainings, and project reviews.

B. List any <u>Preferred Qualifications</u> that a well-qualified candidate (or incumbent) should have.

Preferred Qualifications:

- Knowledge and experience in business management or operations; marketing; public relations; public administration; professional writing and communication; compliance; research and policy analysis; grant writing and grant management; budget preparation; and program evaluation.
- Experience developing and delivering training programs to the general public.
- Be able to work quickly and efficiently, focus in an office environment, and be highly responsive to quick deadlines.
- Experience with Salesforce.

28. SPECIAL OUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee	Date	Signature of Personnel Official	Date
Signature of Supervisor	Date	Signature of Appointing Authority	Date